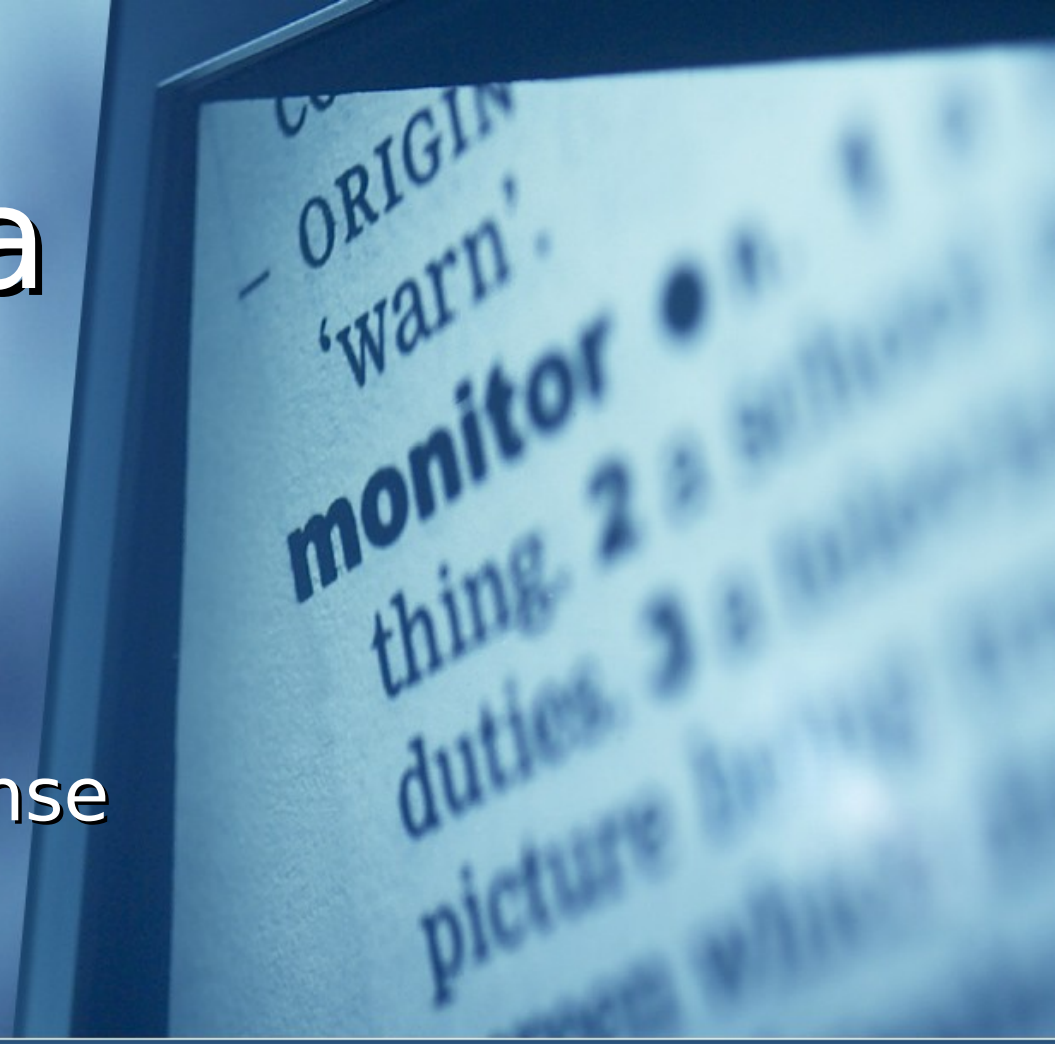
E-filing via AQS

for

Department of Defense



Presentation adapted from a DOL presentation

Forms available through AQS e-FIle

- CA-3 - Report of Work Status
- CA-7 - Claims for Compensation
- CA-7a - Time Analysis Form
- CA-7b - Leave Buy Back Worksheet

Forms available through AQS e-FIle

- CA-3 - Only forms submitted through e-File process will be accepted. **No hard copy forms will be processed**

- CA-7, CA-7a, CA-7b – Either hard copy **OR** e-File forms will be accepted

- Just like CA-1s and CA-2s, the Agency must retain the original signed version of the CA-7, CA-7a, CA-7b form in the employees case file

Benefits of e-Filing

- Agency (through the Agency Query System) and claimants (through the Claimant Query System) will know within 24 hours whether OWCP has received an e-Filed CA-7
- E-Filing CA-3s will reduce the possibility and/or severity of overpayments
- The CA-3 will also reduce the number of RTW cases placed into early nurse case management due to quicker input of RTW info

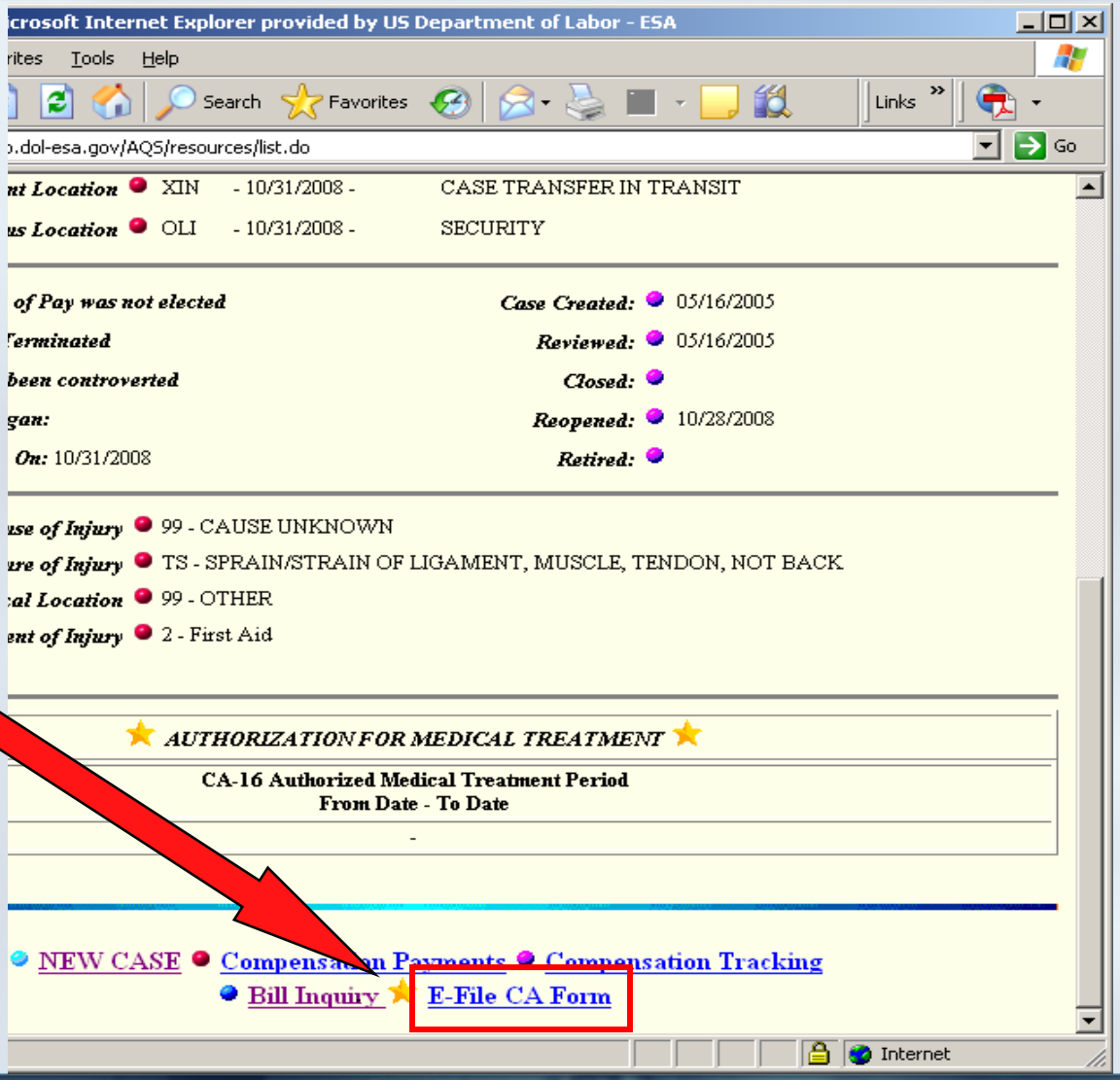
Applying for e-File

- AQS Users will have to complete a Non-Disclosure Form requesting e-filing access. The form is available on the ICUC Web page
- The AQS User signs the Non-Disclosure Form
- The signed form is faxed to CPMS ICUC Division
- The user's AQS status is verified and the form is completed and signed by the ICUC POC
- The completed form is sent to DOL. DOL will then send back a notification confirming the AQS user is set up to use e-File.

Actually e-Filing the forms

The ICPA will login to AQS and pull up the case for which a form will be filed

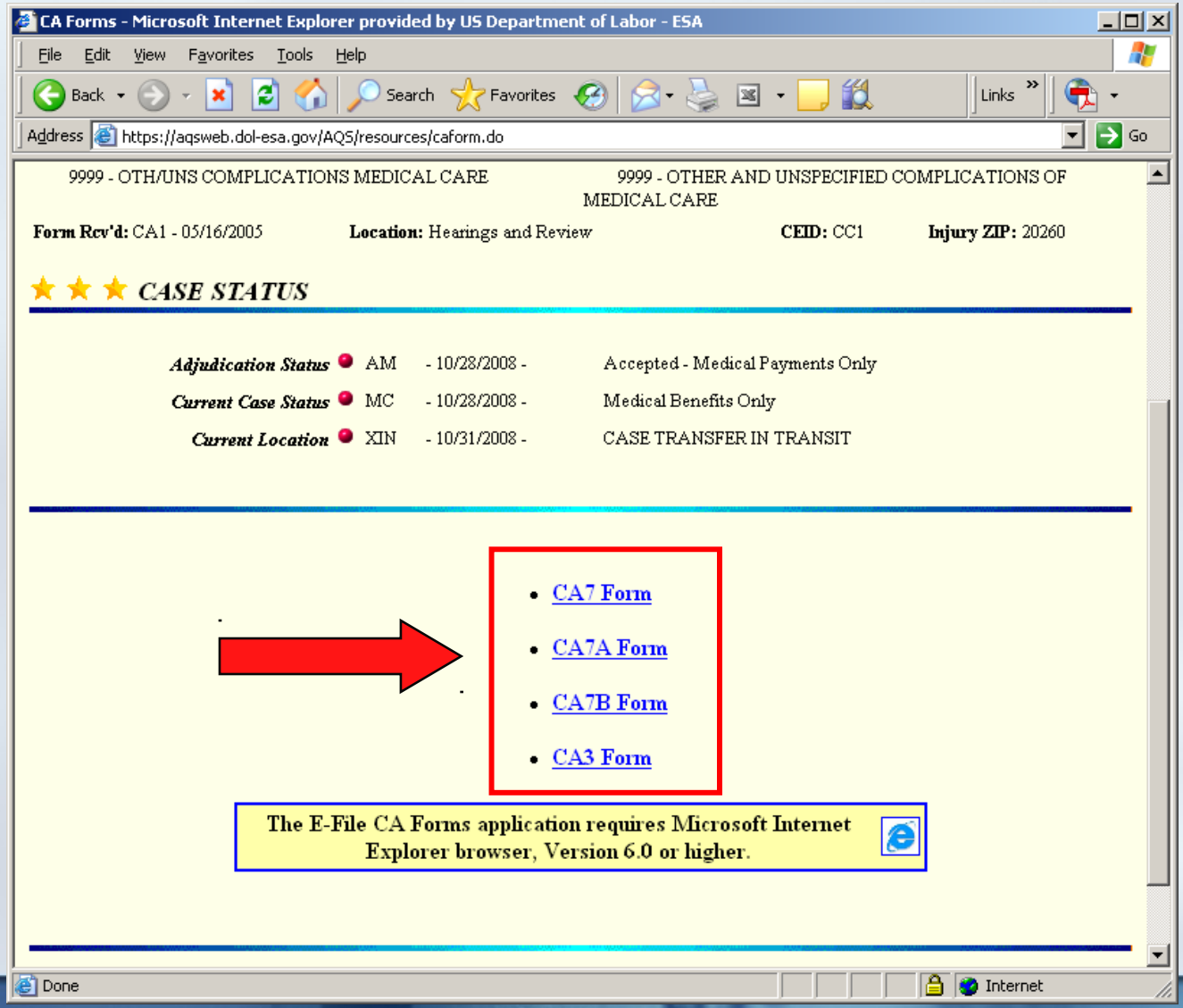
There will be a link at the bottom of the AQS page titled ***"E-File CA-Form".*** Clicking on the link will start the e-Filing process



Actually e-Filing the forms

At this point, the ICPA can select from the various form options

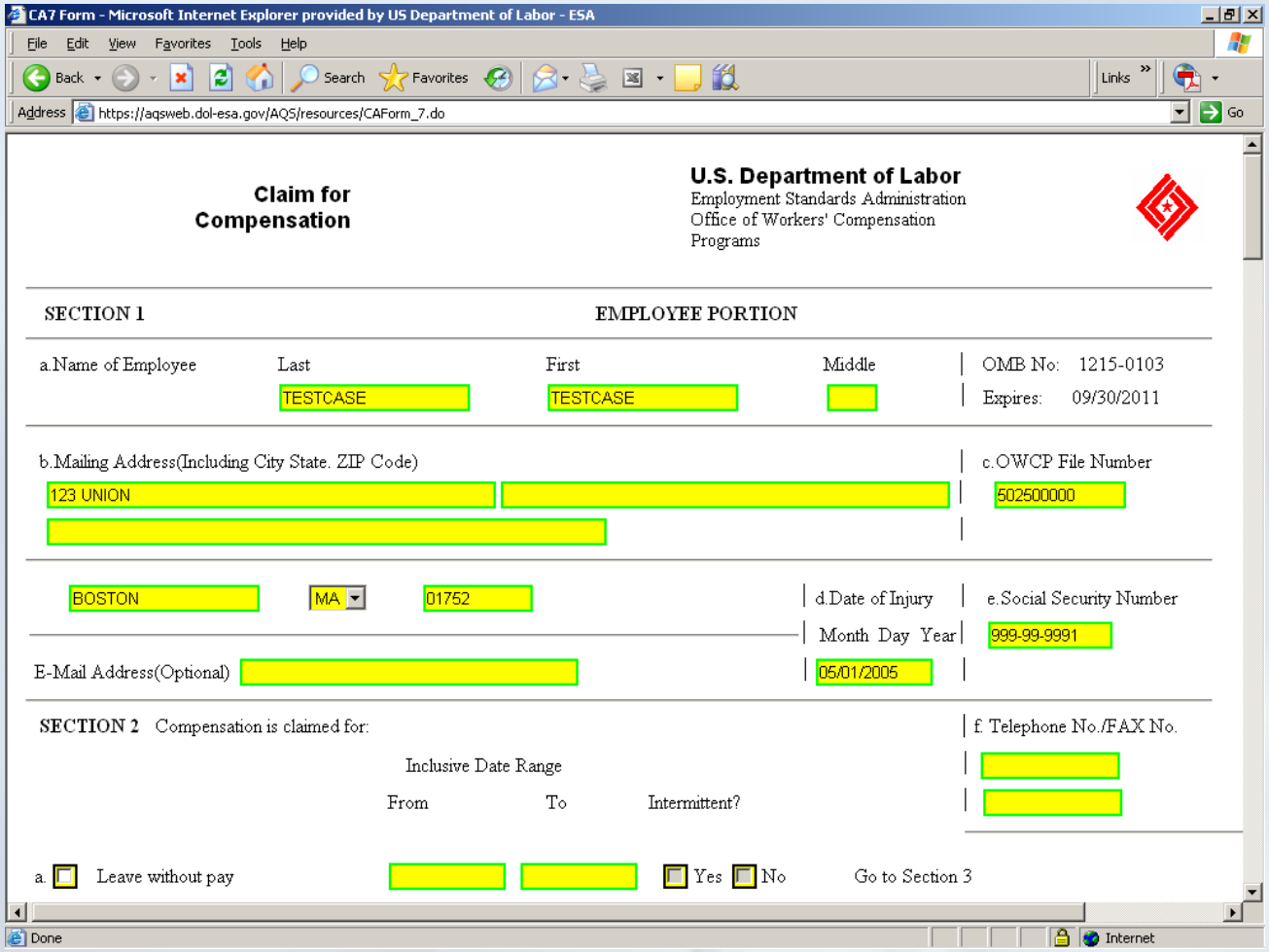
Clicking on the desired form will open that form



What the ICPA will see

The ICPA will then complete the form and click

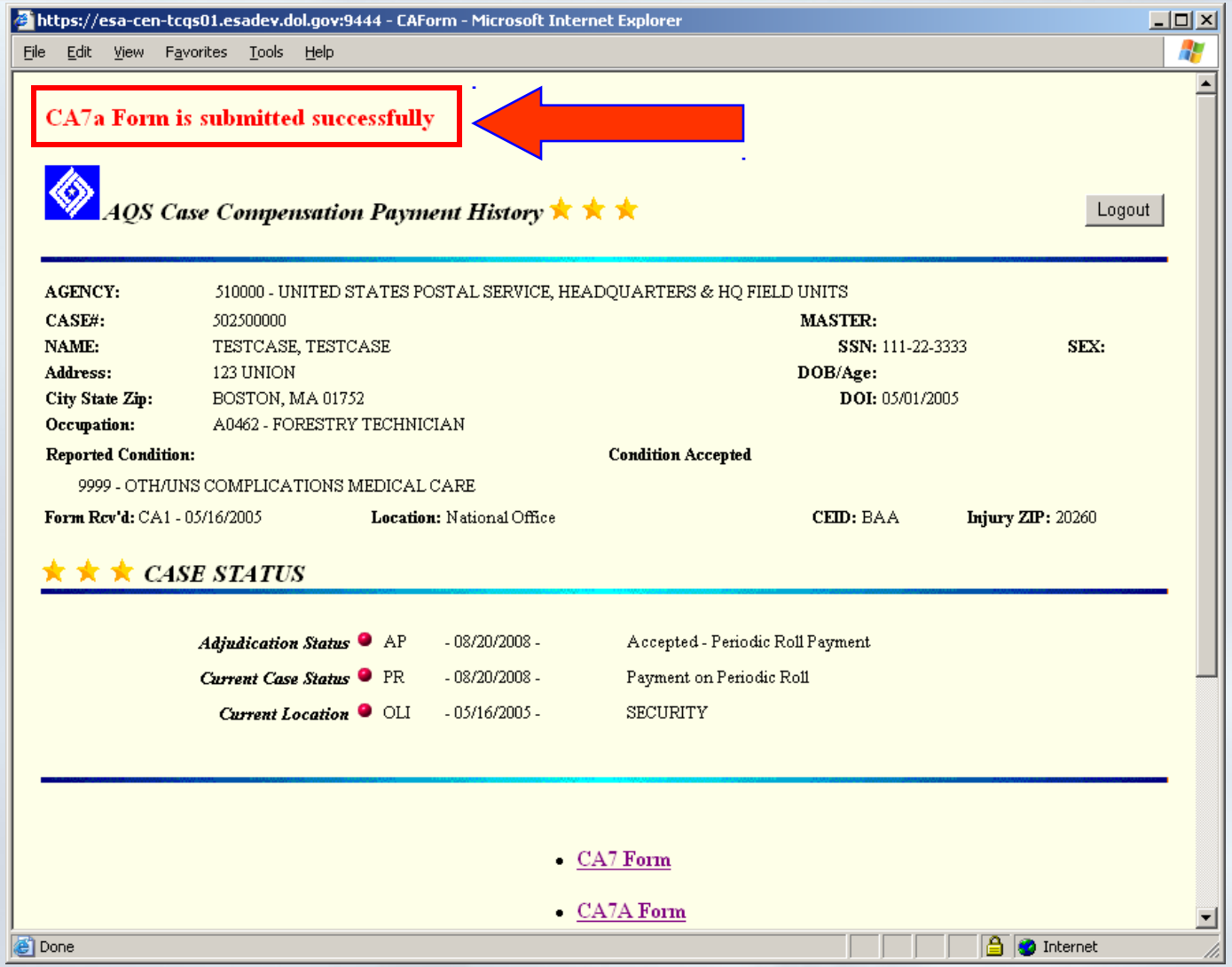
"Submit"



What the ICPA will see

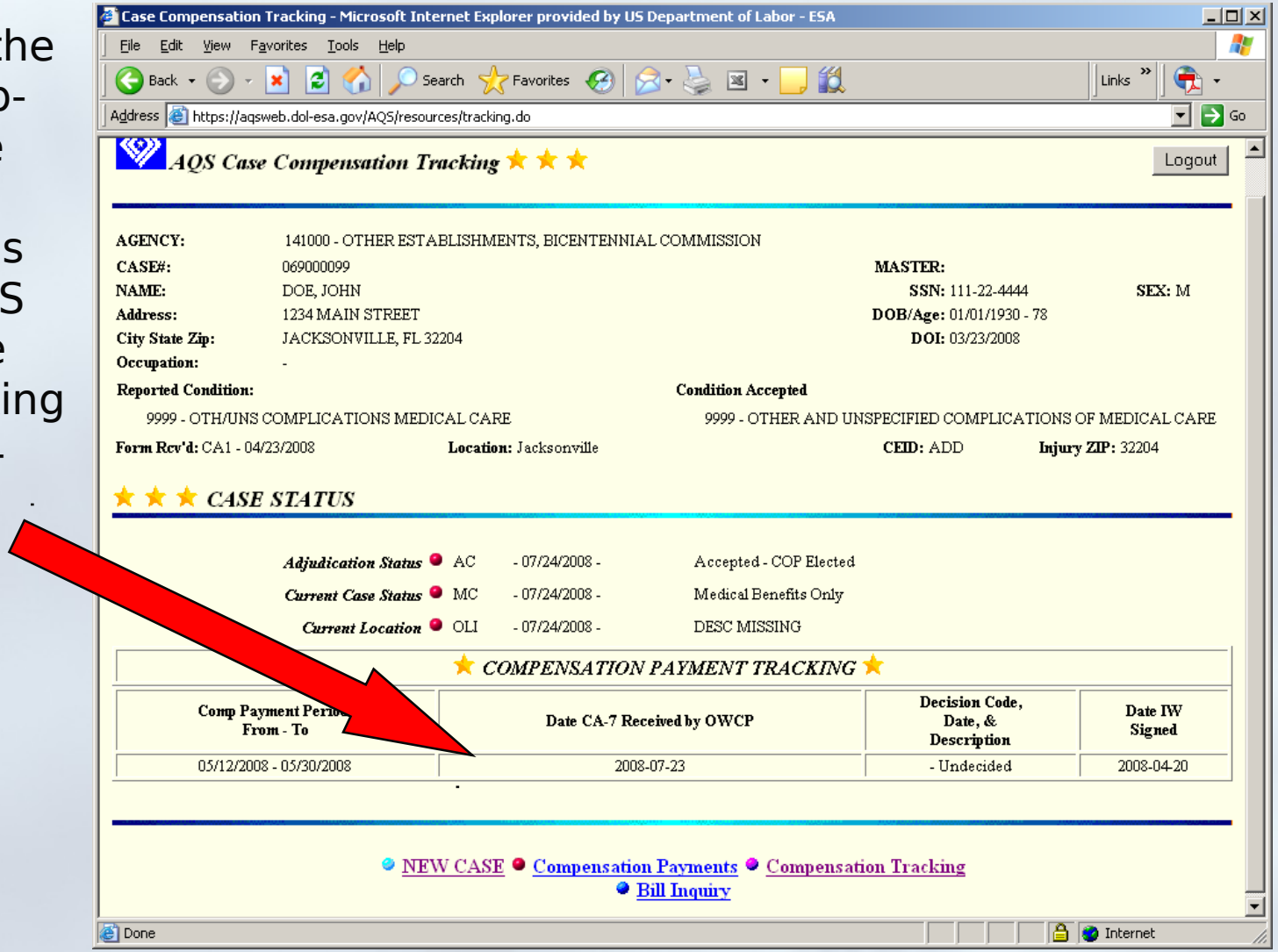
A pop-Up will appear denoting that

Form Submission was Successful



How will the ICPA know it worked?

In addition to the immediate pop-up alerting the ICPA that the submission was successful, AQS will update the Payment Tracking page within 24 hours

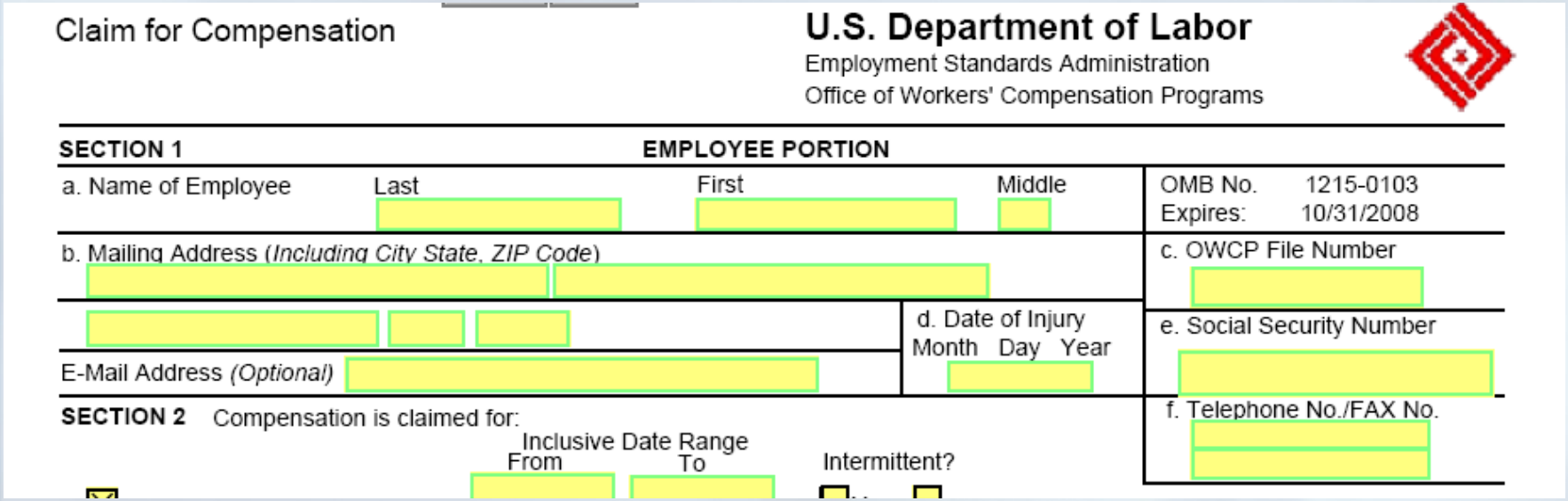


Pre-Populated Fields on CA-7

Pre-Populated Fields in Section 1

All pre-populated fields will be in Section 1 of Form CA-7 (pictured below). The pre-populated sections will be in fields "a" through "e" of Section1.

* Note that the E-Mail section of field "b" will not be pre-populated and will remain blank, but editable.
* Item "f'" was left out because there may not always be a telephone number on file. OWCP didn't want to create errors if no number was on file.



Claim for Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

SECTION 1 **EMPLOYEE PORTION**

a. Name of Employee — Last — First — Middle

OMB No. 1215-0103
Expires: 10/31/2008

b. Mailing Address (*Including City State, ZIP Code*)

c. OWCP File Number

d. Date of Injury
Month Day Year

e. Social Security Number

E-Mail Address *(Optional)*

SECTION 2 Compensation is claimed for:

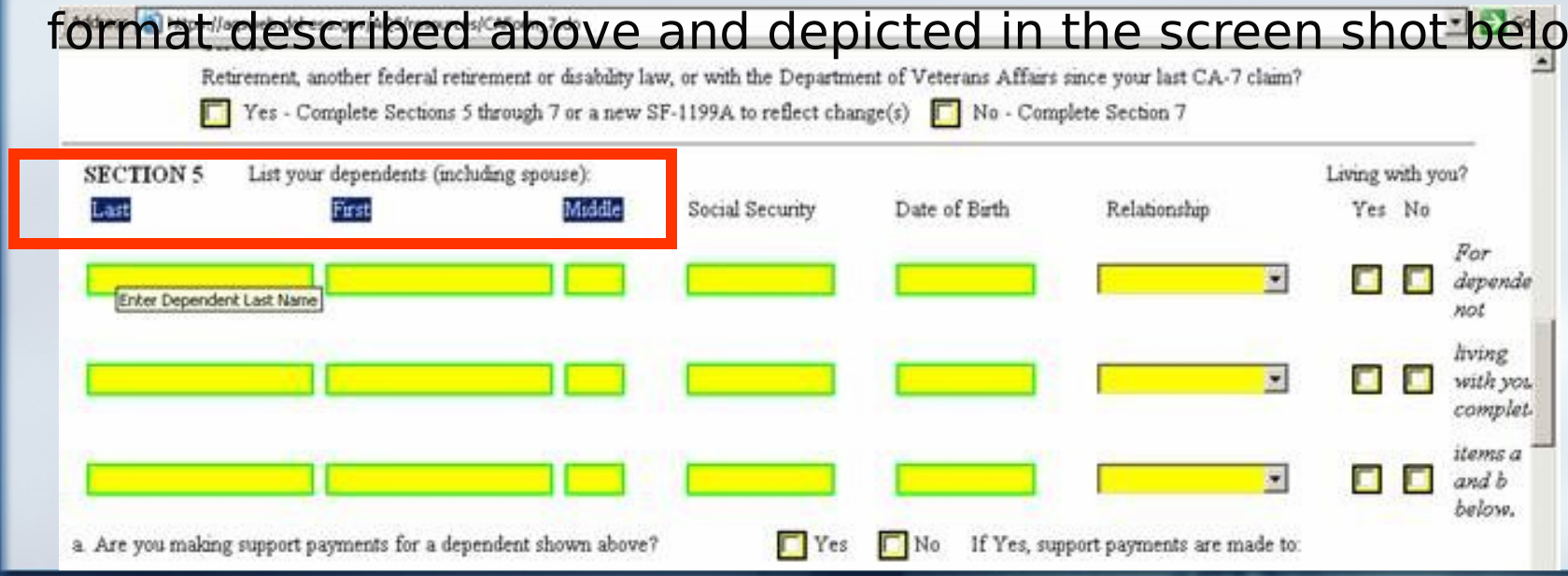
f. Telephone No./FAX No.

Inclusive Date Range
From To

Intermittent?

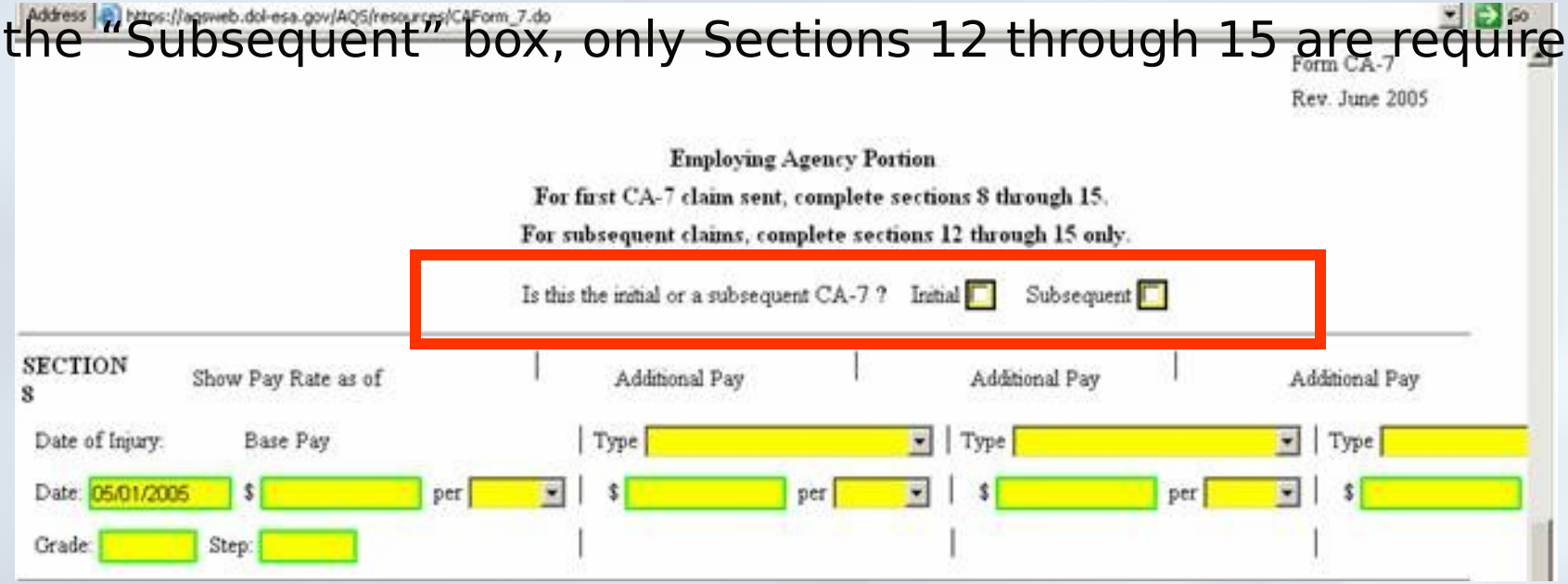
Major Differences Web form vs. Paper

Section 5 (Dependents). On the web form, the AQS user is asked to enter the dependent's **Last Name, First Name and Middle Initial**, in that particular order. This is different than the paper form, which only asks for the dependent name(s). Since there is no format to follow on the paper form, most people usually handwrite the first name followed by the last name, but on the web form DOL asks that your ICPAs please follow the format described above and depicted in the screen shot below.



Major Differences Web form vs. Paper

Above Section 8. At the top of the second page on the paper form, filers are advised that they need not complete Sections 8 through 15 if the CA-7 is a subsequent submission. For ease of electronic filing, the web form asks the AQS users to check a box indicating whether the submission is for an initial form *or* a subsequent form. If the AQS user checks the "Initial" box, Sections 8 through 15 are required fields. If the AQS user checks the "Subsequent" box, only Sections 12 through 15 are required.



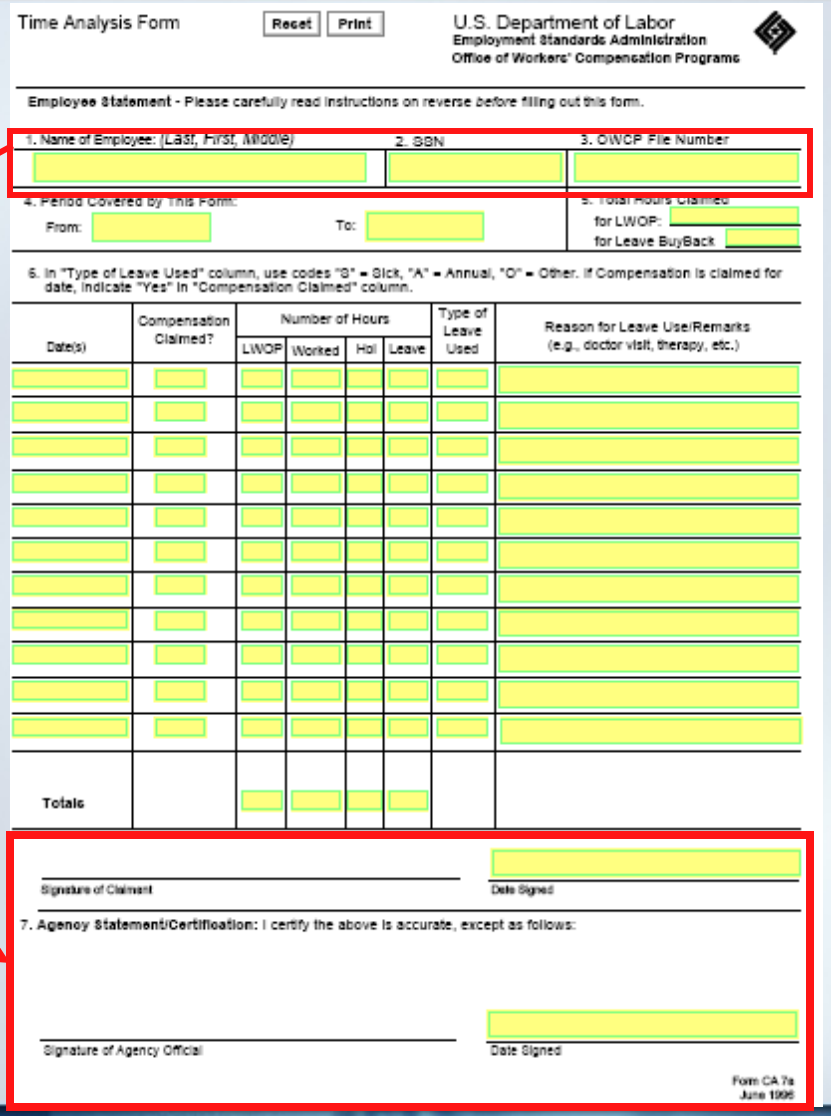
Fields on CA-7a

Pre-Populated Sections:

1. Name of Employee
2. SSN
3. OWCP File No.

Required Sections:

Dates and Signatures



Time Analysis Form Reset Print

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee Statement - Please carefully read instructions on reverse before filling out this form.

1. Name of Employee: (Last, First, Middle) | 2. SSN | 3. OWCP File Number

4. Period Covered by This Form: From: To:

5. Total Hours Claimed for LWOP: for Leave BuyBack

6. In "Type of Leave Used" column, use codes "S" = Sick, "A" = Annual, "O" = Other. If Compensation is claimed for date, indicate "Yes" in "Compensation Claimed" column.

Date(s)	Compensation Claimed?	Number of Hours: LWOP	Worked	Hol	Leave	Type of Leave Used	Reason for Leave Use/Remarks (e.g., doctor visit, therapy, etc.)
Totals							

Signature of Claimant | Date Signed

7. Agency Statement/Certification: I certify the above is accurate, except as follows:

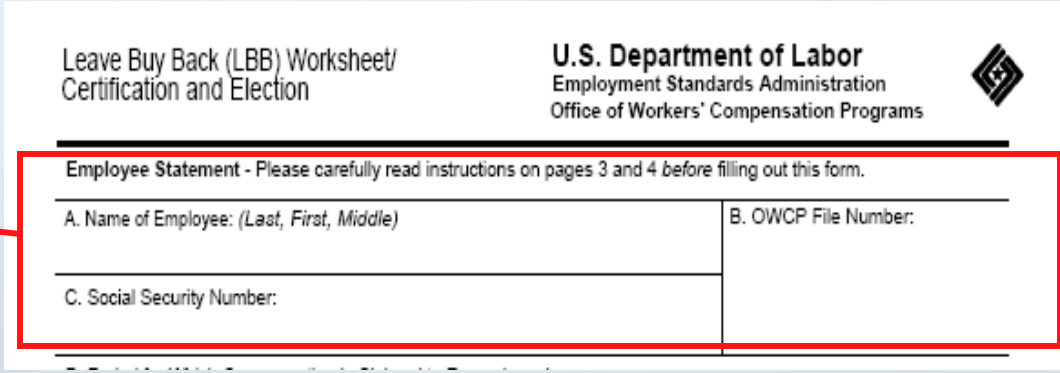
Signature of Agency Official | Date Signed

Form CA 7a
June 1999

Fields on CA-7b

Pre-Populated Sections:

1. Name of Employee
2. SSN
3. OWCP File No.



Leave Buy Back (LBB) Worksheet/
Certification and Election

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee Statement - Please carefully read instructions on pages 3 and 4 *before* filling out this form.

A. Name of Employee: *(Last, First, Middle)*	B. OWCP File Number:
C. Social Security Number:	

Required Sections:

Dates and Signatures

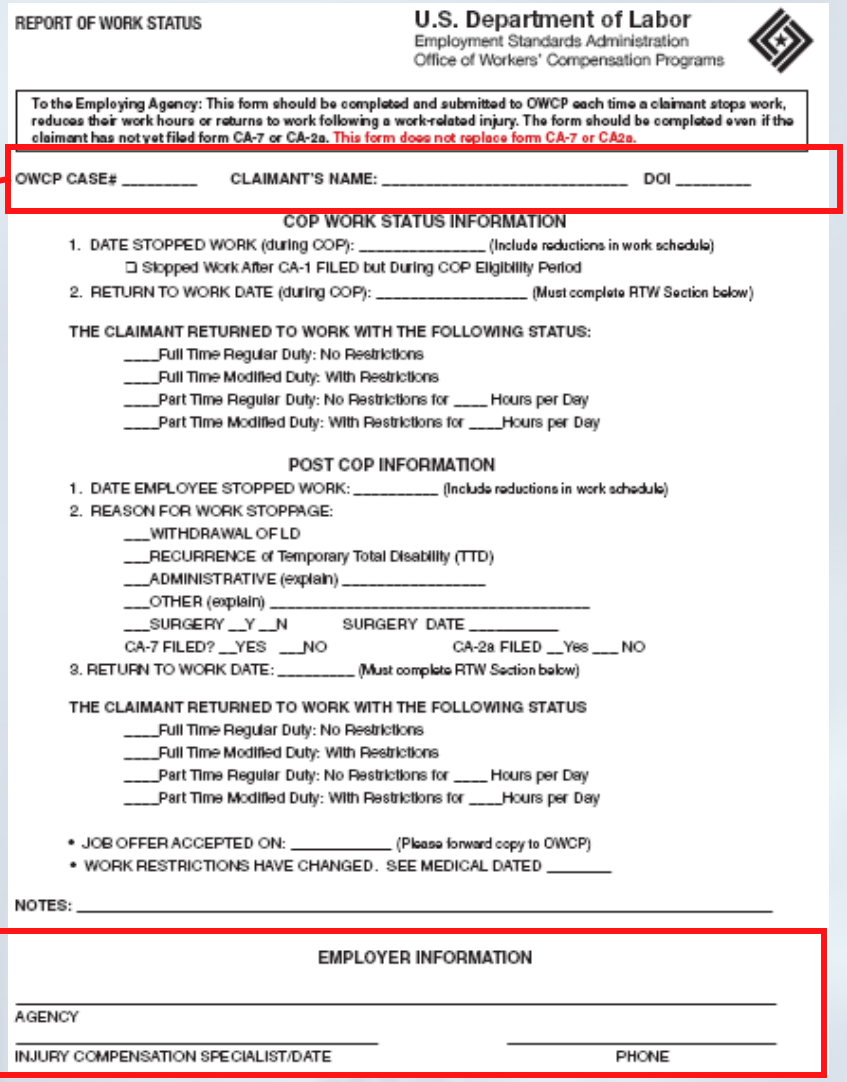
Fields on CA-3

Pre-Populated Sections:

- OWCP Case No.
- Claimant's Name
- DOI

Required Sections:

- Agency
- Injury Compensation Specialist/Date
- Phone



REPORT OF WORK STATUS

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

To the Employing Agency: This form should be completed and submitted to OWCP each time a claimant stops work, reduces their work hours or returns to work following a work-related injury. The form should be completed even if the claimant has not yet filed form CA-7 or CA-2a. This form does not replace form CA-7 or CA2a.

OWCP CASE# _____ CLAIMANT'S NAME: _____ DOI _____

COP WORK STATUS INFORMATION

1. DATE STOPPED WORK (during COP): _____ (Include reductions in work schedule)
   ☐ Stopped Work After CA-1 FILED but During COP Eligibility Period
2. RETURN TO WORK DATE (during COP): _____ (Must complete RTW Section below)

THE CLAIMANT RETURNED TO WORK WITH THE FOLLOWING STATUS:
____Full Time Regular Duty: No Restrictions
____Full Time Modified Duty: With Restrictions
____Part Time Regular Duty: No Restrictions for ____ Hours per Day
____Part Time Modified Duty: With Restrictions for ____Hours per Day

POST COP INFORMATION

1. DATE EMPLOYEE STOPPED WORK: _____ (Include reductions in work schedule)
2. REASON FOR WORK STOPPAGE:
___WITHDRAWAL OF LD
___RECURRENCE of Temporary Total Disability (TTD)
___ADMINISTRATIVE (explain) _____
___OTHER (explain) _____
___SURGERY __Y __N SURGERY DATE _____
CA-7 FILED? __YES ___NO CA-2a FILED __Yes ___ NO
3. RETURN TO WORK DATE: _____ (Must complete RTW Section below)

THE CLAIMANT RETURNED TO WORK WITH THE FOLLOWING STATUS
____Full Time Regular Duty: No Restrictions
____Full Time Modified Duty: With Restrictions
____Part Time Regular Duty: No Restrictions for ____ Hours per Day
____Part Time Modified Duty: With Restrictions for ____Hours per Day

- JOB OFFER ACCEPTED ON: _____ (Please forward copy to OWCP)
- WORK RESTRICTIONS HAVE CHANGED. SEE MEDICAL DATED _____

NOTES: _____

EMPLOYER INFORMATION

_____
AGENCY

_____ _____
INJURY COMPENSATION SPECIALIST/DATE PHONE